

CRITICAL LIFT OPERATION CERTIFICATION

(Blocks 1 through 5 are part of the approved operating procedure & pre-operation.)

1.a. Location of Lift:

1.b. Date Lift Performed:

2. Lift Equipment Type (Check One)

☐

Overhead Crane

☐

Mobile Crane

I.D. Number: _____

☐

Hoist

☐

Forklift

a. Maximum Rated Working Load (Marked on crane, forklift): _____

(Mobile Crane - 75% of rated load at boom radius to be used.)

b. Certification/Deviation Sheet (Supplied by Safety Officer) Attach: _____

c. Pre-Op Inspection/Function Check (Performed by Operator) Attach: _____

d. Maintenance Records Current, no issues: (Facilities Services Office or Transportation Management Division): _____

3. Special Lift Accessory Equipment (engineered slings, etc.)

| | I.D. Number | Rated Capacity | Equipment Weight | Pre-Op Inspection (Riggers) |
|----|-------------|----------------|------------------|-----------------------------|
| a. | | | | |
| b. | | | | |

4. Accessory Lift Equipment (slings, shackles, etc.)

| | I.D. Number | Rated Capacity | Equipment Weight | Pre-Op Inspection (Riggers) |
|----|-------------|----------------|------------------|-----------------------------|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |

5.a. Article to Be Lifted:

5.b. Weight of Item:

5.c. Owner of Article to Be Lifted:

6. Total Load Weight (add 3, 4, and 5) (S&MA Representative):

7. Load Weight is Less than Rated Capacity of Lifting Device (S&MA Representative):

8. Operational Hazard Analysis Completed and Closed (Supplied by Safety Office) Attach:

9. Brake Test Performed at: _____ Lbs. (110% of the total weight), (S&MA Representative).

10. Lift Personnel Certification (Name, within expiration date) (Verified by S&MA Representative)

| | Crane/Hoist | Riggers | Drivers/Flagperson/Forklift |
|----|-------------|---------|-----------------------------|
| a. | | | |
| b. | | | |
| c. | | | |

Responsible Organization:

Safety Office:

Quality Assurance:

Date: